

U. S. No. 300  
DM-10-47  
Rev. 5-17-39  
I 3906

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **30984**  
Registrar's No. **8277**

Registration District No. **918**

Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis**  
(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Homer G Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **26 days**  
(Specify whether  
In this community **28 years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **000**  
(c) City or town **St. Louis** (b) County **17**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2313 Franklin** (If rural, give location)  
**21**  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Corrine Ellison**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **19**  
year **1948** hour **1** minute **30** P. M.  
21. I hereby certify that I attended the deceased from **8-24-** 19 **48** to **9-19** 19 **48**  
that I last saw her alive on **9-19-48** 19 **48**  
and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **Col.** 6. (a) Single, widowed, married, divorced **widowed**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Nov. 9 1886**  
(Month) (Day) (Year)

Immediate cause of death **Cerebral Hemorrhage** Duration **Undet.**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
**61 10 10** hr. min.

Other conditions **Hypertensive Heart Disease**  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy **No**  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **Jackson Tenn.**  
(City, town, or county) (State or foreign country)  
10. Usual occupation **Nil**

11. Industry or business \_\_\_\_\_  
12. Name **Jeff Hall**  
13. Birthplace **Madison County Tenn.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary ?**  
15. Birthplace **Madison County Tenn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Sterling Ellison**  
(b) Address **4853 Fountain**  
17. (a) **BURIAL** (b) Date thereof **9-24-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **WASHINGTON PARK CEMETERY**

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_  
23. Signature **Robert L. Smith** (M.D. or other) \_\_\_\_\_  
Address **2601 N Whittier** Date signed **9/21/48**

18. (a) Signature of funeral director **Ellis Funeral Home**  
(b) Address **2820 Stoddard St.**  
**SEP 21 1948** (Date received local registrar) (b) **J. F. Braddock** (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Lester E. Culkin

Licensed Embalmer No. 7198

P. O. Address Atkins 13 m

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**